

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/							53					
4	/							54					
5	/							55					
6	/							56					
7	/							57					
8	/							58					
9	/							59					
10	/							60					
11	/							61					
12	/							62					
13	/							63					
14	/							64					
15	/							65					
16	/							66					
17	/							67					
18	/							68					
19	/							69					
20	/							70					
21	/							71					
22	/							72					
23	/							73					
24	/							74					
25	/							75					
26	/							76					
27	/							77					
28	/							78					
29	/							79					
30	/							80					
31	/							81					
32	/							82					
33	/							83					
34	/							84					
35	/							85					
36	/							86					
37	/							87					
38	/							88					
39	/							89					
40	/							90					
41	/							91					
42	/							92					
43	/							93					
44	/							94					
45	/							95					
46	/							96					
47	/							97					
48	/							98					
49	/							99					
50	/							100					
TOTAL IND.	1												
TOTAL DEP.	11												
TOTAL CLAIMS	12												